

UnitedHealthcare Medical and Rx Plans

Missouri: MC Package MO17

2-50 Eligible Employees

Effective January 1, 2023

UnitedHealthcare Traditional Plans with UHC Rewards

Metallic Level	Choice Plus	CORE	Coinsurance		Deductibles				Out of Pocket Maximum				Copay / Copay+Coinsurance								Deductible Type ³	Rx		
	Plan Code	Plan Code	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visit	PCP ¹		Spec	Lab/XRay	Urgent Care	ER ²	MRI, CT, etc.			OP Surgery	I/P Hospital
					Single	Family	Single	Family	Single	Family	Single	Family		Ages 19+	Ages <19									
Platinum	CV-7A	CV-7L	100%	50%	\$500	\$1,000	\$10,000	\$20,000	\$3,000	\$6,000	\$20,000	\$40,000	\$0	\$20	\$0	\$40	Ded	\$50	\$500	Ded	Ded	Ded	Emb	K35Y
Platinum	CV-7Q	CV-7T	100%	50%	\$1,000	\$2,000	\$10,000	\$20,000	\$2,500	\$5,000	\$20,000	\$40,000	\$0	\$20	\$0	\$40	Ded	\$50	\$500	Ded	Ded	Ded	Emb	K35Y
Gold	CV-7B	CV-7M	100%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$7,000	\$14,000	\$20,000	\$40,000	\$0	\$35	\$0	\$75	Ded	\$50	\$500	Ded	Ded	Ded	Emb	K35Y
Platinum	CV-7G	CV-72	80%	50%	\$500	\$1,000	\$10,000	\$20,000	\$2,000	\$4,000	\$20,000	\$40,000	\$0	\$15	\$0	\$75	Ded.+20%	\$25	\$300+Ded.+20%	Ded.+20%	Ded.+20%	Ded.+20%	Emb	K35Y
Gold	CV-7H	CV-73	80%	50%	\$1,500	\$3,000	\$10,000	\$20,000	\$6,750	\$13,500	\$20,000	\$40,000	\$0	\$15	\$0	\$75	Ded.+20%	\$25	\$300+Ded.+20%	Ded.+20%	Ded.+20%	Ded.+20%	Emb	K35Y
Gold	CV-7I	CV-74	80%	50%	\$2,000	\$4,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$15	\$0	\$75	Ded.+20%	\$25	\$300+Ded.+20%	Ded.+20%	Ded.+20%	Ded.+20%	Emb	K35Y
Gold	CV-7C	CV-7N	80%	50%	\$2,500	\$5,000	\$10,000	\$20,000	\$6,000	\$12,000	\$20,000	\$40,000	\$0	\$35	\$0	\$75	Ded.+20%	\$50	\$500+20% (no ded.)	Ded.+20%	Ded.+20%	Ded.+20%	Emb	K35Y
Gold	CV-7J	CV-76	80%	50%	\$4,000	\$8,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$0	\$15	\$0	\$75	Ded.+20%	\$25	\$300+Ded.+20%	Ded.+20%	Ded.+20%	Ded.+20%	Emb	K35Y
Silver	CV-7K	CV-77	80%	50%	\$7,900	\$15,800	\$10,000	\$20,000	\$8,900	\$17,800	\$20,000	\$40,000	\$0	\$15	\$0	\$75	Ded.+20%	\$25	\$300+Ded.+20%	Ded.+20%	Ded.+20%	Ded.+20%	Emb	K35Y

UnitedHealthcare FlexPoint Plans with UHC Rewards

Metallic Level	Choice Plus	CORE	Coinsurance		Deductibles				Out of Pocket Maximum				Copay / Copay+Coinsurance					Deductible Type ³	Rx		
	Plan Code	Plan Code	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visit	PCP ¹	Spec	Urgent Care	ER			Lab/Xray	
					Single	Family	Single	Family	Single	Family	Single	Family									
FlexPoint with four visit limit and four Urgent Care Visit limit ⁴																					
Gold	CV-7S	CV-7Y	80%	50%	\$4,000	\$8,000	\$10,000	\$20,000	\$5,500	\$11,000	\$20,000	\$40,000	\$0	\$25	\$50	\$50	Ded+20%	Ded+20%	Emb	K35Y	
Silver	CV-7F	CV-7Z	80%	50%	\$5,500	\$11,000	\$10,000	\$20,000	\$8,600	\$17,200	\$20,000	\$40,000	\$0	\$45	\$80	\$50	Ded+20%	Ded+20%	Emb	K35Y	
Gold	CV-7V	CV-7U	70%	50%	\$750	\$1,500	\$10,000	\$20,000	\$8,100	\$16,200	\$20,000	\$40,000	\$0	\$25	\$50	\$50	Ded+30%	Ded+30%	Emb	K35Y	

UnitedHealthcare Medical and Rx Plans

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2-50 Eligible Employees

Effective January 1, 2023

UnitedHealthcare Health Savings Account (HSA) Plans with Premium UHC Rewards

Metallic Level	Choice Plus	CORE	Coinsurance		Deductible				Out-of-Pocket Maximum				Copay / Copay+Coinsurance ⁵				Deductible Type ³	Rx
	Plan Code	Plan Code	Network	Out of Network	Network		Out of Network		Network		Out of Network		PCP ¹	Specialist	Urgent Care	ER		
					Single	Family	Single	Family	Single	Family	Single	Family						
HSA with Motion																		
Gold	CV-7R	CV-75	100%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$3,750	\$7,500	\$20,000	\$40,000	\$20	\$50	\$50	\$250	Emb	K35Y
Gold	CV-7W	CV-7X	100%	50%	\$3,500	\$7,000	\$10,000	\$20,000	\$3,500	\$7,000	\$20,000	\$40,000	100%	100%	100%	100%	Emb	E83Y
Silver	CV-7D	CV-7O	100%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,500	\$13,000	\$20,000	\$40,000	\$20	\$50	\$50	\$250	Emb	K35Y
Bronze	CV-7E	CV-7P	100%	50%	\$6,500	\$13,000	\$10,000	\$20,000	\$7,000	\$14,000	\$20,000	\$40,000	\$20	\$50	\$50	\$250	Emb	K35Y

UnitedHealthcare UHPD Plans with UHC Rewards

Metallic Level	Choice Plus	CORE	Coinsurance		Deductibles				Out of Pocket Maximum				Copay / Copay+Coinsurance								Deductible Type	Rx		
	Plan Code	Plan Code	Network	Out of Network	Network		Out of Network		Network		Out of Network		Virtual Visits	PCP		Spec		Lab/X-ray	MRI, CT, etc.	Urgent Care			ER	OP & IP Facility
					Single	Family	Single	Family	Single	Family	Single	Family		Ages 19+	Ages <19	Tier 1 ⁶	Network ⁷							
Gold	CV-78	CV-8F	100%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$6,000	\$12,000	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	Ded	Ded	\$50	\$300+Ded	Ded	Emb	K35Y
Gold	CV-79	CV-8G	100%	50%	\$3,500	\$7,000	\$10,000	\$20,000	\$6,000	\$12,000	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	Ded	Ded	\$50	\$300+Ded	Ded	Emb	K35Y
Gold	CV-8A	CV-8H	100%	50%	\$4,000	\$8,000	\$10,000	\$20,000	\$6,000	\$12,000	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	Ded	Ded	\$50	\$300+Ded	Ded	Emb	K35Y
Gold	CV-8M	CV-8N	100%	50%	\$5,000	\$10,000	\$10,000	\$20,000	\$6,400	\$12,800	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	Ded	Ded	\$50	\$300+Ded	Ded	Emb	K35Y
Gold	CV-8B	CV-8I	80%	50%	\$1,250	\$2,500	\$10,000	\$20,000	\$6,900	\$13,800	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	Ded+20%	Ded+20%	\$50	\$300+Ded+20%	Ded+20%	Emb	K35Y
Gold	CV-8C	CV-8J	80%	50%	\$2,500	\$5,000	\$10,000	\$20,000	\$6,000	\$12,000	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	Ded+20%	Ded+20%	\$50	\$300+Ded+20%	Ded+20%	Emb	K35Y
Gold	CV-8D	CV-8K	80%	50%	\$3,000	\$6,000	\$10,000	\$20,000	\$6,000	\$12,000	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	Ded+20%	Ded+20%	\$50	\$300+Ded+20%	Ded+20%	Emb	K35Y
Gold	CV-8E	CV-8L	80%	50%	\$4,000	\$8,000	\$10,000	\$20,000	\$6,000	\$12,000	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	Ded+20%	Ded+20%	\$50	\$300+Ded+20%	Ded+20%	Emb	K35Y
Gold	CV-8O	CV-8P	70%	50%	\$750	\$1,500	\$10,000	\$20,000	\$6,900	\$13,800	\$20,000	\$40,000	\$0	\$15	\$0	\$50	\$100	Ded+30%	Ded+30%	\$50	\$300+Ded+30%	Ded+30%	Emb	K35Y

Essential PDL Pharmacy Plans with Specialty Medication Cost Sharing (SMCS)

Rx Code	Retail Network	Rx Ded Ind/Fam	Retail Copays				Specialty Copays				Mail Order Ratio
			Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4	
Essential PDL w/ SMCS Drugs											
K35Y	Standard Select - Walgreens	N/A	\$10	\$40	\$125	\$300	\$10	\$40	\$125	\$500	2.5
HSA Pharmacy plans on Essential PDL w/ SMCS Drugs											
K35Y	Standard Select - Walgreens	Same as Medical	\$10	\$40	\$125	\$300	\$10	\$40	\$125	\$500	2.5
E83Y	Standard Select - Walgreens	Same as Medical	No copay	No copay	No copay	No copay	No copay	No copay	No copay	No copay	No copay

All Deductible, Copays, Coinsurances, Per Occurrence Deductibles and Rx Copays and Rx Deductibles apply toward the out-of-pocket maximum

1. Primary Care Physicians include General Practice, Family Practice, Internal medicine, Obstetrics-gynecology, and pediatrics.
2. Per Occurrence Deductibles are prior to and in addition to any required deductible and coinsurance.
3. "Embedded" deductible means once an individual meets their portion of the deductible, services are paid for that person without the entire family deductible being met. "Non-Embedded" deductible means no covered family member will satisfy an individual deductible until the entire family deductible is met.
4. "FlexPoint" plans feature a copayment for four Office visits and Urgent Care visits during the calendar year or policy year, depending on plan type selected. Office and Urgent Care visits above those limits will be subject to deductible/coinsurance. This is a separate limit for both Physician Office Visits and Urgent Care visits. Plans feature one Preventive Care visit per service per year, which does not count against the office visit copay limit. Office visits on Flex point plans are counted on either a calendar or policy year basis. Office visits accrued under an existing UHC plan will apply to the Flex point office visit maximum until the next calendar or policy year, at that point the count will reset.
5. Copayments on HSA plans will be required after the deductible has been met and will continue to be required until the annual out-of-pocket maximum is met.
6. This tier of benefits applies to UnitedHealth Premium Tier 1 Designated Providers. Please visit myuhc.com for details.
7. This tier of benefit applies to Physicians that are not UnitedHealth Premium Tier 1 Designated.

Please note: The information in this grid is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and exclusions, please refer to the Certificate of Coverage or talk to your UnitedHealthcare representative for additional details that could impact the benefits. Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible. Insurance coverage provided by or through by United HealthCare Services, Inc. or their affiliates. UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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